Auburn Parks, Arts & Recreation 4th of July Festival 2024 General Vendor Application Deadline: May 31, 2024

4TH OF JULY

Pestival

AUBURN, WASHINGTON

Date: Thursday, July 4, 2024 **Time:** 11:00 a.m. – 4:00 p.m.

Location: Les Gove Park, 910 9th St SE **Anticipated attendance:** 12,000+

Event profile: This annual one-day festival is the perfect afternoon for the whole family to enjoy! Live entertainment

on two stages, loads of attractions for children, a craft grove, a car show, mini golf and TONS more!

Selection Criteria and Booth Information:

- 1. Booths are uncovered 12'x 12' space (activity vendors may be granted additional space). Vendors must supply their own materials (canopies, tables, electrical cords, signs, etc.) and are responsible for all set-up and take-down. Vendors are required to stay in their assigned space and required to stay for the duration of the event.
- 2. Payment must accompany application. Unapproved applications and payments will be returned to you.
- 3. Craft Artists must submit photographs or images of your work. Email applications and photos to: events@auburnwa.gov with '4th of July Festival 2024' in the Subject line. Include a self-addressed stamped envelope if you mail photographs that you want returned.
- 4. Electricity is available on a limited basis (see below for fee structure). **If you're bringing your own source of temporary power, you're required to obtain and L&I Permit and schedule your inspection.** Please contact L&I directly (a minimum of 10 working days prior to the event) at 206-835-1000.
- 5. The City of Auburn does not require a percentage of sales. Vendors keep all of their revenue.
- 6. No refunds after the early application deadline of May 31, 2024. Prior to the deadline, refund will be given less \$5.00.
- 7. Complete event information will be e-mailed the week of June 17, 2024.
- 8. Rules, regulations and event details are subject to change based on State of Washington COVID-19 related guidelines.

GENERAL VENDOR DEFINITIONS AND FEES:

Please check the appropriate fees. Enter quantities where necessary. We may be unable to accommodate requests for multiple booth spaces.

TOTAL (ADD ALL LINES, FILL IN PAYMENT INFORMATION ON REVERSE)					
Electricity : Check amps needed. Limited support available.	☐ 1-29 amps/1-3,480 watts = \$50 # of amps/watts needed: ☐ 30-50 amps/7.2kw-12kw = \$100 # of amps/watts needed:	\$			
Commercial/Retail Vendor: A business, enterprise, firm, company or other organization engaged in the trade of goods, services or both to consumers to make a profit for their company. Give-a-ways and/or a hands-on activity is recommended to draw traffic to your booth.	\$350 - on or before May 31 \$420 - after May 31	\$			
Small Batch Processed & Pre-packaged Food Vendor: Consists of items which are grown and/or made (small batch) by the vendor such as baked goods, preserves, cheese, sausage, candies, honey, smoked meats and salsas/sauces. Must meet the State and King County requirements for food handling and processing.	\$110 - on or before May 31 \$130 - after May 31	\$			
Arts & Craft Vendor: Only hand-crafted items are accepted. Commercially produced and imported goods will not be accepted in this category. Artists must submit photographs or images of your work (see above).	\$40 - on or before May 31 \$48 - after May 31	\$			
Non-Profit Vendor: Any non-profit agency. Non-profit certificate must accompany application form to receive non-profit rate.	\$10 - on or before May 31 \$12 - after May 31	\$			

APPLICATION DEADLINE IS May 31, 2024



Auburn Parks, Arts & Recreation • 4th of July Festival 2024 General Vendor Application • Deadline: May 31, 2024

Contact Name:								
Business Name: (***Non-profit certificate	must accompa	iny application f	orn	n to receive non-profit rat	e).			
Have you participated in 4th of July Festiv	/al before? □Ye	es □No If yes,	, wh	nat year(s)?				
Address								
City		State			Zip			
Phone			Website					
Email								
Please describe the purpose of your boot with an exhibit or activity?	h. Do you plan	to distribute inf	orn	national materials, hand-o	out giv	re-a-ways or enga	age festiv	al attendees
Describe any special set-up or space requ	irements							
Please include a complete list of items that y way or sell food or beverage items and are o								
1.	\$			4.				
2. \$		\$		5.				\$
3.		\$		6.				\$
	PAYME	ENT INFORMAT	ION	(Total \$)				
Method of Payment (check one)	Check en		☐ Credit Card (fill in information below) rn Parks, Arts & Recreation)					
Cardholder Name (Please Print)						Type (Check One Visa Mastercard	□ A	mEx iscover
Card Number			5	Security Code	Exp. Date			
Cardholder Signature					Date			
INSURANCE — The City does not maintain insurance that will responare planning, and the activity and risk level of your group, you may responsible for obtaining said insurance. After reviewing this applicance. After reviewing this applicance applicance is fully aware that there are special dange participation in this activity and harm the Applicant listed above or ber arising from participation. The Applicant agrees to indemnify, a arising from the City's sole negligence, and waive any right of recovering from the City's sole negligence, and waive any right of recovering the Applicant. I also agree I have read and agree to the condition (COVID-19 WAIVER LANGUAGE - 1.1 agree that I and/or persons in morders, and to strictly follow the protocols as directed by the Centers arising from, addressing, or related to COVID-19 and/or any other transitional duty to protect themselves, their families and the commusibility of the City. 3. By signing this agreement, I acknowledge the exposure or infection may result in personal injury, illness, permane negligence of myself and others, including but not limited to City of any injury to my child or children or myself, including, but not limite with my child or children's attendance at City of Auburn activities or its employees, agents, and representatives, of and from any and all any claims based on the actions, omissions, or negligence of the City.	ve be required to obtain becation, the City will dete ers and risks inherent in r its individual members defend, and hold harmle erry against the City for p. rs outlined in the "Selec my family involved in an, s for Disease Control and threats to public health. unity, and doing so is the tontagious nature of Coent disability, and death of Auburn employees, vol ed to, personal injury, dir programming. On my lclaims, including all lia	odily injury and property trmine whether you must this activity, including, bs s. Being informed of thes ess the City, its officials, et personal injury, death or tion Criteria and Booth In y way in the Program with I Prevention, the United 2. agree that effective phe es ole responsibility of my DVID-19 and the risk that h. I understand that the ri lunteers, and program pa issability, death, illness, do behalf and on behalf of in bibilities, claims, actions, c	damm tobta tobta tother	ages liability insurance in accordance win liability insurance. It limited to, serious physical injury, deat, is and in consideration of being allowed to yees, volunteers, and agents from all cau consequences occurring from participal vation" on the reverse side of this applicate or comply with all federal, state, county and Department of Labor Division of Occupe I distancing and proper hygiene can be contained the proper of the pr	th City po h or other o particip ses of act iion in thi tion. nd City on tional Sa participa or infecte ID-19 at C ID-19 at C gree to as kind, tha not to su	licy, name the City as an activities, thate, we assume all risk of ion, claims, and fees arisin s activity. I agree that I have dinances, codes, rules, reguetely and/or the Washingto compolished through personants, and the other parties do y COVID-19 by attendinity of Auburn activities more summed all of the foregoing It I or my child or children ne, discharge, and hold han relating thereto. I underst	dditional insur at may arise di injury, damage ig from its part. re authority to ulations, execus on State Depart nost ate Depart involved in the ig City of Aubur ay result from t risks and accep may experience mless and inde and and agree	red on the policy, and be irectly or indirectly from any mem- icipation, except those enter into this agreement it we and/or emergency trenent of Health Services, it y and it is each person's a Program, not the respon activities and that sudden activities and that sudden activities on the corn or sole responsibility for ear incur in connection munify the City of Auburn, that this release includes
Signature:				Dat	e:			